



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

COMMERCIAL STIMULANT BUSINESS APPLICATION PACKET

THIS PACKET CONTAINS:

1. This summary sheet with general instructions and the [Additional Requirements for a Commercial Business \(GC5-030\)](#) form.
2. The Commercial Stimulant application (GC4-005) with attachments and supporting forms including:
 - [Attachment – Other Persons Having Interest in Premises or Gambling Equipment \(GC4-314\)](#)
 - [Ownership Disclosure \(GC4-021\)](#)
 - [Authorization for Examination and Release of Information \(GC4-299\)](#)
 - [Personal / Criminal History Statement \(BLS-700-301\)](#)
 - [Financial Statement \(GC4-320\)](#)
 - [Source of Funds Statement \(GC4-321\)](#)
 - [Training Requirements for All Applicants \(GC5-017\) letter](#)
 - [Responsibility to Report \(GC5-001\) letter](#)
 - [House-Banked Card Room Application Process \(GC5-014\) letter](#)
 - [Fee Schedule – Commercial Stimulant / Profit-Seeking Organization \(GC5-055k FS\)](#)

CHANGES MUST BE REPORTED

While your application is being processed, you must notify us of any changes within 10 days; such as:

- Organizational structure
- Gambling related agreements
- Source of Funds
- Leases
- Loans and asset contributions

IMPORTANT INSTRUCTIONS FOR ALL APPLICANTS – READ BEFORE PROCEEDING

1. All forms in this packet may be copied for your use. A copy of this application is also on our web site.
2. Washington Administrative Code (WAC) citations are noted throughout this application. When cited, refer to [Title 230 WAC](#), Gambling Commission, for clarification.
3. For the *Gambling License Certification Program* pamphlet and other additional information, please visit our *What to Know* page at <http://www.wsgc.wa.gov/forms/what-to-know.aspx>.
4. The licensing fees for this application are listed on the [Fee Schedule \(GC5-055K FS\)](#). In addition to these fees, the Commission may assess additional amounts to cover inspections and investigations necessary for licensing or certification. [See Revised Code of Washington \(RCW\) 9.46.070\(5\)](#). These costs will be determined, and are payable, during the financial investigation phase of the application process. If you choose to voluntarily withdraw your application or if the Commission administratively closes your application, the balance of any fees and additional amounts paid, less all-applicable commission processing and investigative costs, will be refunded. All refunds of application / license fees will be issued to the applicant.
5. The Commission cannot act on your application if proper fees have not been paid.
6. It takes about 60 days to process an application. As such, you should submit your application at least 60 days before you want to open a gambling business or begin working for a gambling business.
7. Each license applicant is evaluated on an individual basis. Even if you were licensed before, do **NOT** answer any question with the words "on-file".
8. If you have any questions about this application – please call our office at 1-800-345-2529 or 360-486-3440, ext. 2332, to speak with a Customer Service Specialist.

NOTE: You may be required to supply additional documentation based on information you previously supplied.
[See WAC 230-03-050.](#)



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COMMERCIAL STIMULANT BUSINESS APPLICATION

Consult the [Commercial Stimulant / Profit-Seeking Fee Schedule](#), and then complete this area to tell us which license(s) you are applying for:

- ☐ Punch Board / Pull-Tab (05) Class Fee \$
(See Section 5 of the fee schedule.)
- ☐ Public Card Room (65) Class Fee \$
(See Section 1 of the fee schedule.)
- ☐ Public Card Room (65F) Class F Fee \$
(Endorsement for Player Supported)
(See Section 1 of the fee schedule.)
- ☐ Public Card Room (67) H B Fee \$
(House-Banked) (See Section 2 of the fee schedule.)
- ☐ Amusement Game (53) Class A Only Fee \$
(Use only when applying for a license in combination with
Punch Board / Pull-Tab and / or Public Card Room)
(See Section 3 of the fee schedule.)

Total Fee Submitted \$

Type of business:

☐ Restaurant / Lounge ☐ Tavern ☐ Other (See Note Above):

*** * SPECIAL NOTE * ***

Please review
[RCW 9.46.0217](#),
WACs [230-03-170](#)
and [230-03-175](#);
with limited exceptions,
only an established
food or drink business
may apply for a
gambling license.

1. What business structure is this? Refer to [Additional Requirements for a Commercial Business \(GC5-030\)](#).

☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

2. Trade Name /

DBA:

3. Applicant:

Use Full Legal Name: Sole Proprietorship (Last, First, Middle Name), Partnership, LLC, or Corporate Name

Location Address:

Street Address

City

State

Zip

4. State of Washington Department of Revenue Number: Unified Business Identifier

5. Is location ☐ Inside ☐ Outside the city limits?

6. Does the jurisdiction in which you plan to operate allow the gambling activities you are applying for? ☐ Yes ☐ No

7. Do you have any local, state, or federal tax liens? ☐ Yes ☐ No

8. Is your business location adjacent to another business that provides a licensed gambling activity? ☐ Yes ☐ No

Business Office Use Only:

Code: 211- Date: / / Amt: \$.00 Val #:

Code: 211- Date: / / Amt: \$.00 Val #:

9. Current Mailing Address: _____

City State Zip

10. Telephone: _____
Primary Telephone Number Message Telephone Number

Fax Telephone Number Cell Telephone Number (Optional)

11. E-Mail Address: _____
@ _____

12. Has the business / premises been previously licensed by the gambling commission?

☐ Yes – Complete the information below ☐ No

Trade Name /

DBA: _____

13. Did you purchase gambling games and / or equipment from the previous owner?

☐ Yes – Complete requested list below. ☐ No – Go to next question.

If you are purchasing inventory to include gambling items from the previous owner, provide a list of the games or pull-tab machines including the name of the game, the name of the manufacturer, the manufacturer's Gambling Commission license number, and the Gambling Commission stamp number on the games. (Per [WAC 230-03-200](#), gambling equipment can only be purchased directly from the seller if the sale is contingent upon Gambling Commission approval.)

14. Are you purchasing the business or starting up the business?

☐ Purchasing the business:

- a. Is the sale contingent upon receiving a gambling license? ☐ Yes ☐ No
b. Has the contingency been removed? ☐ Yes ☐ No
c. Or has the purchase been completed or finalized? ☐ Yes ☐ No

☐ Starting as a new business:

Please submit a signed and dated statement that you did not purchase a pre-existing business.

15. Do you own, or are you purchasing, the premises where the gambling activity(ies) will be conducted? ☐ Yes ☐ No

- a. Is the sale contingent upon receiving a gambling license? ☐ Yes ☐ No
b. Has the contingency been removed? ☐ Yes ☐ No
c. Or has the purchase been completed or finalized? ☐ Yes ☐ No
d. Are you leasing the premises? ☐ Yes ☐ No

16. Provide copies of all premises and gambling equipment leases.

17. Have you or will you be contracting with licensed service suppliers to be involved in your gaming? ☐ Yes ☐ No

18. Who is your activity manager? (Punch Board / Pull-Tab manager & Public Card Room manager) The manager will need to submit a [Personal / Criminal History Statement \(BLS-700-301\)](#) and a copy of a valid driver's license. Mandatory Training is required (see attached letter [GC5-017](#)).

Please provide full legal name.

a. General Manager:

Last Name: _____

First Name: _____

Middle Name: _____

b. Punch Board / Pull-Tab Manager:

First Name: | | | | | | | | | | | | | | | | | | | | | |

NOTE: Punch Board / Pull-Tab applicants only:

☐ Yes ☐ No

Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | |

NOTE: Commercial Stimulant Card Room applicants, Class E & Above only: All employees working in connection with the card room must be separately licensed as public card room employees. To secure an application for [Public Card Room Employee \(GC4-068\)](#), please call or download from our internet site (www.wsgc.wa.gov).

[See Chapter 230-15 WAC.](#)

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act ([RCW 42.56](#)) and other Washington laws.

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

Print Name: _____

Primary Phone: | | | | | - | | | | | - | | | | | Cell Phone: | | | | | - | | | | | - | | | | |